ANNUAL REPORT

for the fiscal year
ending March 31, 1985

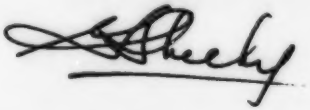
Department of Health

To His Honour,
The Honourable Alan R. Abraham, C.D.,
Lieutenant-Governor of Nova Scotia

Sir:

I beg to present herewith the Annual Report of the Department of Health for the year ending March 31, 1985.

I have the honour to be,
Sir,
Your most obedient servant,



Gerald Sheehy, D.V.M.
Minister of Health

To The Honourable Gerald Sheehy
Minister of Health

Sir:

I have the honour to submit herewith the Annual Report of the Department of Health for the year ending March 31, 1985.

Health unit and division reports are abridged versions of the complete reports, which are available in the department.

I have the honour to be,
Sir,
Your obedient servant,

J. E. H. Miller

J. E. Harris Miller, M.D.
Deputy Minister

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This report is a summary of highlights of the year for the department as well as a summary of some key activities of the various divisions within the department. It is intended to give a brief overview of the department's activities in the province during the year 1984-85. For those who would like further information on these activities, health units and divisions within the department have prepared reports and analyses of a more detailed nature.

For the fiscal year 1984-85 the Department of Health organized its major functions and support services as outlined below.

DEPUTY MINISTER

- Administrator -- Health Care Institutions
- Administrator -- Psychiatric Mental Health
- Administrator -- Community & Environmental Health
- Administrator -- Finance
- Administrator -- Information Systems & Research
- Director -- Vital Statistics
- Director -- Personnel

Legal Counsel

HOSPITAL AND MENTAL HEALTH PROGRAMS

HEALTH CARE INSTITUTIONS

The division is responsible for the department's programs and services to health care institutions. The principal functions of the division in fulfilling its responsibilities include:

- monitoring general hospital operations
- monitoring the maintenance of hospital standards
- review and evaluation of hospital staffing
- hospital staff training and development
- hospital planning and construction
- budget review and monitoring of approved hospital expenditures
- provision of consultant services to hospitals
- hospital services planning

The province, for purposes of planning and reviewing the population utilization of hospital services, is divided into nine regions. Three directors cover the hospitals and centres in each of these regions, sharing the responsibility for Region IX, which includes the Halifax Metro area.

Team visits were made to Colchester, Valley Health Services Association, Izzak Walton Killam, All Saints, Camp Hill, and Fishermen's Memorial hospitals during fiscal 84-85. These team visits included a total review of hospital performance beginning with the review and clarification of the hospital role and proceeding through a detailed evaluation of hospital performance on a department by department basis. At these team visits the Department of Health is represented by the administrator, regional director, and staff consultants from the Division of Health Care Institutions, Finance, and Systems and Research. Appropriate external consultants are also involved where required. The importance of these team visits is underscored by the fact that at many hospitals Board members and medical staff attend all or part of the sessions in addition to the major department heads, taking an active role in the discussions. These visits continue to be received well as they assist in clarifying role, and problem areas and provide a relatively open forum for discussion and understanding between the department and the hospital. Individual visits by regional directors and consultants continue throughout the year on a regular basis in response to requests for assistance, where problems are noted and as part of overall visit

schedule for all hospitals in the province.

An investigation was carried out into the death of two patients at Northside Harbour View Hospital in 1983-84. Preliminary review by the department's consultant led to the establishment of a formal review committee chaired by a lawyer. The report of the committee was presented in preliminary form in February 1985, with a final report due in April. Following the receipt of the final report, the office of the Attorney General directed a Magisterial Inquiry be held in these cases.

In January 1985, a Task Force was established by the Department of Health to study nursing workload measurement systems and recommend a plan of action to the department. The Task Force will assess the need for workload measurement systems in various size hospitals in the province. A review of existing systems will be carried out to determine which system(s) will best meet the needs in this province. The report is due by December 1985. The Task Force is comprised of Directors of Nursing Service, Directors of Nursing Education, and Department of Health Nursing Consultants.

Expansion of services during the year included nuclear medicine and mamography at St. Martha's Hospital; DVA units were established at Soldier's Memorial Hospital and Fishermen's Memorial Hospital; ultrasound was approved at Hants Community Hospital and Digby General Hospital; and, six additional beds were approved for active care at the Strait Richmond Hospital.

Although the department in many instances does not get involved with monitoring specific standards unless obviously called for, it does encourage hospitals to seek accreditation through the Canadian Council on Hospital Accreditation. The province does not require hospitals to be accredited; however, they are encouraged to do so and are required to provide a copy of the report of each accreditation survey to the department.

The following table indicates the number of people who were in hospital (separations), the total number of days of hospitalization (days), and the average length of stay (ALOS), of each person in hospital. In fact there was very little change in separations and days, which only increased by 4% and 2% respectively over the periods reports.

SEPARATIONS AND DAYS IN
NOVA SCOTIA HOSPITALS
(EXCLUDING NEWBORNS)

	1981/82	1982/83	1983/84	1984/85
Separations	142,211	143,814	145,977	148,129
Days	1,361,031	1,364,797	1,362,797	1,392,629
ALOS (days)	9.6	9.5	9.3	9.4

Divisional staff are members of various national and regional committees on such topics as workload measurements and productivity; hospital accreditation; professional associations; health services standards, energy conservation, equipment construction standards, design and safety; regional and national health services policy advisory groups; a national management information system project; therapeutics (pharmaceuticals, radiotherapy, respirology, and dietetics), and purchasing. With the exception of the administrator of the division, the time commitment to these committees is not extensive but does allow for input from staff to regional and national programs on policy development as well as maintaining professional contacts for information sharing, co-ordination and co-operation.

During 1984-85, five demonstration projects for energy conservation were implemented at various institutions within the province. The total cost of this retrofit work represented $182,150; annual savings of $88,000 were obtained. The success of these projects resulted in the development of an energy incentives program for hospitals in Nova Scotia which came into affect in the commencement of 1984-85.

As a result of greater emphasis being placed on fire inspection of our hospitals, a considerable number of grants were provided to hospitals to upgrade fire detection and protection systems. This action greatly increases the safety of patients while hospitalized.

Throughout the year, staff of the division were involved in planning and construction activities at the following hospitals:

All Saints Hospital. Program & Planning continued for the ambulatory care facilities.

Arichat. Construction commenced on the Emergency Clinic which is attached to the St. Anne Nursing Home. This is a joint venture of the Departments of Health & Social Services.

Camp Hill Hospital. Major renovations took place to the

Intensive Care Unit; construction on the new veteran's wing was started.

Colchester Hospital. The construction of the new ambulatory wing is well underway and is due for completion in the latter part of 1985.

Dawson Memorial Hospital. Planning for a new facility is substantially completed with anticipated construction start in Fall of 1986.

Fishermen's Memorial Hospital. Substantial progress has been made to the renovations for the DVA Unit, which is anticipated for occupancy by the end of 1985.

Glace Bay General. The construction of the new hospital is now ahead of schedule and is due for completion in April 1986.

Grace Maternity Hospital. Planning has been continuing on the new hospital which is anticipated to be located adjacent to the I.W.K. Hospital.

Halifax Infirmary. As planned, major renovations were completed on a larger surgical operating suite, Recovery Room area, Day Surgery, and Intensive Care Unit.

New Waterford Consolidated Hospital. The hospital exterior, including brickwork, roof, windows and doors, was completely replaced and completed August of this year.

Northside/Harbour View. The new wing of the Northside Hospital was opened in May, while major renovations to the old building continue.

Queens General Hospital. Planning commenced for a new ambulatory and diagnostic services section to be added to the hospital.

St. Martha's Hospital. The Radiology Building was completed during the year. Also, planning for the new hospital is progressing.

Soldier's Memorial. Renovations for a 25-bed DVA Unit were completed; the unit is now occupied. Construction of a new long-term care wing is underway.

Valley Health Services Association. The Operating Room Suite was expanded at the Blanchard Fraser Memorial Hospital.

Victoria General Hospital. Major renovations were completed for a Cardiac Catheterization Laboratory.

PSYCHIATRIC MENTAL HEALTH SERVICES

During the 1984-85 fiscal year, the Division of Psychiatric Mental Health Services continued its role of overall planning and overseeing development of decentralized comprehensive mental health services throughout the province. The division approves all budgets for psychiatric facilities and psychiatric services included as non-portable blocks of general hospital budgets. The division evaluates and approves new construction, monitors standards, provides staff training and development, and consultative services.

The principal highlights of the year as follows:

Camp Hill. Following renovations to the former Abbie Lane Hospital, this building was re-opened as a unit of the Camp Hill Complex. As well as relocating the Outpatient and Day Hospital Program from temporary premises in Camp Hill, three psychiatric in-patient units were re-opened in the renovated Abbie Lane Unit. Camp Hill is now in a position to work towards the development of comprehensive psychiatric services for its catchment area from permanent facilities in the renovated Abbie Lane Unit. With the opening of 49 in-patient psychiatric beds in the Abbie Lane Unit, the Psychiatric In-patient Unit in Camp Hill, which had been increased from 10 to 21 beds during the renovation period, was closed.

Cape Breton Hospital. The new entrance and elevators at the Cape Breton Hospital were officially opened by the Premier and Doctor Sheehy on September 12, 1984.

Nova Scotia Hospital. During the year planning for the development of a 100-bed Long-Term Psychiatric Unit on the grounds of the Nova Scotia Hospital was at the stage of reviewing architectural drawings for this new unit. No construction date has been decided.

Aberdeen. Following renovations to the Aberdeen Hospital the Mental Health Clinic was relocated within the Hospital from a building adjacent to the Hospital where they were located during the renovation period. This unit was opened by Ms. Mary Wallace on May 22, 1985.

Western Kings. On April 1, 1984, the Minister officially opened the Out-patient Satellite Mental Health Clinic of the Valley Health Services Association in the Western Kings Hospital in Berwick.

Annapolis General. On May 17, 1985, the Honourable Greg Kerr opened the Out-patient Satellite Mental Health Clinic of Valley Health Services Association in the Annapolis General Hospital.

Review of Plans. Divisional staff were involved in reviewing plans for the psychiatric sections of the new hospitals proposed for St. Martha's and Dawson.

Once More for Children. The study, *Once More for Children*, commissioned by the Department of Health through the Metropolitan Mental Health Planning Board, was prepared by Dr. Gerry Barkow as principal investigator and his report was completed in 1983. During 1983-84, the report was circulated for comments and in June 1984, was discussed at the annual Senior Staff Meeting of Mental Health Professionals from across the province. During 1984-85, Doctor Archibald was involved in discussions with individual facilities and groups in light of the comments previously been received. No official position had been taken by the Department of Health on the report by the end of 1984-85.

PUBLIC HEALTH PROGRAMS

COMMUNITY & ENVIRONMENTAL HEALTH SERVICES

NURSING DIVISION. The Department of Health employs approximately 200 community health nurses and certified nursing assistants to provide nursing services to people in home, schools, clinics and classes throughout the province. Nursing services provided to people of all ages, promote health, prevent illness and provide home care nursing as required.

Community health nursing staff visited 122,320 homes, providimg nursing services to 190,035 clients by individual contact. Through classes, clinics, school projects and community education programs, the nursing staff met with more than 305,000 people.

Maternal and Child Health continues to be the primary prevention program of community health nursing. Prenatal education is offered in the home and in classes. Postnatal mothers and their infants are visited at home for health assessment, infant care instruction and promotion of immunization. Emphasis is placed on smoking cessation, promotion of breastfeeding and identification and early referrals to the family physicians of mothers and infants who are at risk. Early visits are made to infants discharged from the hospital who had been at risk.

Immunization against vaccine preventable diseases is promoted through educational programs in the community, and schools, and during home visits to infants. Clinics are held in the schools each year to provide every opportunity for children to be immunized with booster doses of vaccine.

Communicable Diseases Control is a regular nursing program. The nurses follow up people with communicable diseases and their contacts. Community health nurses are involved in the collection of specimen and the epidemological investigation of certain diseases.

Home nursing care is provided by the community health nursing staff in every health unit. The home care projects in Northumberland and Lunenburg-Queens health units are continuing with the cooperation of the Departments of Health and Social Services. Most of the home nursing care clients are aged 60 years and over although there is an increase of services to patients who are younger. More than 69,000 nursing care visits were made in 1984.

Services to well senior citizens have been increasing through clinics which have been set up in several areas of the province. Included in these clinics are health assessment, blood pressure monitoring, overseeing of compliance with medication orders, nutrition and health education. Over 11,000 persons were seen by the nursing staff during the year.

The community health nurses made 11,000 visits to people under the Mental/Psychiatric Care Program. Many of these visits were to patients discharged from psychiatric facilities. However, there were numerous visits for family and social problems, crisis intervention, stress coping counselling. Several visits were related to child abuse and neglect and elderly abuse and neglect.

The nursing staff visited the schools in the province for health promotion projects, hearing and vision screening, and assessment of children entering school for the first time. They also participated in health educational programs, such as child care education. Follow-up in the home was done for individual health problems.

The nursing staff worked cooperatively with the health, education and social services agencies in the community for the benefit of the clients. People with health problems were referred to family physicians for diagnosis and treatment.

Professional development programs were provided to the nursing staff in order to promote and maintain professional competence. The nursing personnel also attended educational programs offered by health, social and professional organizations.

HEALTH PROMOTION DIVISION. The department's health promotion programs are designed to promote healthy lifestyles and to prevent disease and illness. Programs are developed in consultation with the health units and the various health and education organizations and professional groups throughout the province.

The program highlights for 1984-85 include:

Measles Elimination. November was again declared immunization action month in Nova Scotia. Major emphasis during this year's multi-media campaign was given to the active participation of physicians in diagnosing and reporting of measles.

Smoking and Health. The department cooperated with the provincial Cancer Society and other interested health agencies in implementing and evaluating the community based Time-To-

Quit smoking program. Over 100,000 self-help booklets were distributed during this three-week cessation program. Over 10,000 employees in 18 worksites throughout the province participated in this year's Weedless on Wednesday corporate challenge. The department also cooperated with the Seventh Day Adventists in airing the 5 Day Plan to Stop Smoking series on the local cable stations.

Nobody's Perfect – A Resource For Parents. The Health Promotion Division continued working with the other Atlantic Provinces and the regional Health Promotion Directorate in developing parenting resources and in designing and initiating a field test for both the program and its resources.

Smile Nova Scotia. April was again declared Dental Health Month in Nova Scotia. The department cooperated with the provincial dental association in a province-wide radio campaign. The department's dental hygienists initiated school contests, puppet shows and other special educational activities during the month to encourage elementary children to brush, floss and to visit the dentist annually.

Canada Health Day 1984. Most health units actively participated with their local hospitals and other health agencies in public displays during this nationally sponsored health promotion day. This year's theme was "Behind the Scenes in Health Care."

Child Car Restraint. The department cooperated with the provincial Medical Society and the Department of Transportation in a hospital based, child car restraint promotional campaign.

New Resources. The Cobequid Health Unit's health promotion committee initiated the design for a community health programs and services display unit including a health promotion characture they called "Happy Appy." Happy Appy also appeared on a new general health promotion sticker along with the slogan 'Have a Healthy Day."

After more than three years of work, two dental health education kits for teachers of P-3 and grades 4-6 were produced.

The Atlantic and Lunenburg-Queens health promotion committee developed a hygiene brochure for children in grades 5-7.

Membership. The department continued to be an active member of the Health Education Advisory Committee for the Dart-

mouth School Board; the Red Cross Elementary Program Committee; the N.S. Council on Smoking and Health; the Association for the Advancement of School Health and the newly formed interdepartmental committee for International Youth Year.

NUTRITION DIVISION. Nutrition Services continues to focus on nutrition education programs designed to promote health and prevent disease.

Nine community nutritionists located in Health Units throughout Nova Scotia implement community nutrition programs.

The limited number of staff dictate that the nutritionists provide guidance and information primarily to other professionals and community educators rather than routinely work with the public directly. The exception is their role as instructors in prenatal classes, pre-retirement courses and their regular contact with citizens through the media.

The primary program emphasis at this time is maternal and child health. Consequently, nutritionists work routinely with health professionals and voluntary agencies, preschool centre staff, educators in the school system and leaders of community groups. A close liaison is maintained with the Departments of Education, Social Services and Agriculture.

Nutrition Services is a major source of printed nutrition information for professionals and the public. In 1984-85 ten issues of, *Nutrition Currents*, a two-page update on topics such as nutrition and its role in cancer and cardiovascular disease, were developed and distributed to health and social support workers, educators, libraries and media contacts.

Year One, Food for Baby was developed by Nutrition Services and is distributed by community health nurses and nutritionists to parents of all newborns in the province. Health professionals report that motivated parents use *Year One, Food for Baby* daily. In 1984 *After Year One, A Guide for Parents* was developed as a sequel to Year One to help parents develop good food choices in children aged 1-6 years. Community nutritionists will be promoting this book in 1985.

The school program continues to change and develop. The community nutritionists actively promote the need for nutrition education among school decision makers. This year services included teacher workshops, resource (such as films, books) lending services, surveys of adolescent eating habits for district school boards and training for school food service staff. *From Soup to*

Nuts, a newsletter written for teachers by community nutritionists, is distributed three times a year to all schools in the province.

Nutrition Services provides a consultative role to Department of Social Services Day Care branch. Community nutritionists review menus served in centres and provide feedback to Day Care Services for their use in renewing licenses. Training programs for staff of preschool centres are an ongoing part of the services provided by Nutrition Services.

In addition a newsletter entitled *Crunch* is developed and distributed three times a year to all day care centres in the province.

In 1984 an average of 45% of the community nutritionists' time was devoted to the preschool and school programs while 20% of their time was spent on delivery of prenatal programs.

Community nutritionists are represented in a wide variety of organizations ranging from the Federal-Provincial Sub-Committee on Nutrition, day care centre boards, Women's Health Education Network, and boards and committees of professional associations at the local, provincial and national level. These avenues continue to be effective in influencing the policies and priorities of organizations that have the potential to impact on the nutritional health of Nova Scotians.

EPIDEMIOLOGY. No major communicable disease outbreaks occurred during 1984-85. The downward trend in the incidence of tuberculosis has been maintained. The decrease in the total number of cases of gonorrhea that was observed in 1983-84, appears to have been temporary, as an increase to traditionally high levels was observed in 1984-85. Sexually transmitted diseases (STD) continued to be a major health problem. Surveillance data based on laboratory reports suggest that *chlamydia trachomatis* infections will soon rival gonorrhea as one of the most common STD's. With five cases of the newly-recognized Acquired Immune Deficiency Syndrome (AIDS) having been reported since January 1983, the true impact of this potentially serious public health problem, may not yet be realized in the province.

Thanks to the widespread acceptance of the department's immunization recommendations by the public, and excellent cooperation by primary health care providers, there were very low levels of vaccine-preventable diseases. Introduction of new "adsorbed" vaccines, followed by the discontinuation of the traditional "fluid" products for routine immunization, was

completed in late 1984. This major change appears to have occurred smoothly, despite the need for administering these new vaccines intramuscularly – a significant departure from the traditional subcutaneous route of injection. Recommendations for routine polio boosters in adults were also discontinued.

Rubella and whooping cough are still significant problems. The first case of congenital rubella since the epidemic of 1973-74, was reported early in 1985. This case pointed out the importance of promoting rubella immunization for susceptible adult women, as well as for 15-18 month old infants and 11 year old girls. Because of a significant decline in measles activity, surveillance for this disease was enhanced in late 1984 and preliminary results indicate that this disease may already have been eliminated from this province. The department continues to actively promote influenza immunization for high risk groups each fall, and there was a substantial increase in the use of this vaccine in 1984. Despite province-wide surveillance, no major outbreaks of influenza illness were detected during the 1984-85 'flu' season.

This division continues to have substantial and increased involvement in non-communicable epidemiology, and provided a major consultative role on various environmental and occupational health issues. Chemical contamination of drinking water and air pollution were major concerns. For example, Epidemiology was involved in reviewing the current evidence for potential health hazards associated with low levels of trichlorethylene (TCE) and perchloroethylene (PCE) in drinking water, and, polycyclic aromatic hydrocarbons (PAH) in air emissions.

Finally, Epidemiology continued to have a major involvement in a long-term investigation into the high rate of mortality due to cardiovascular disease, particularly ischemic or coronary heart disease in this province. This activity is being pursued as a collaborative federal/provincial project known as the Nova Scotia-Saskatchewan Cardiovascular Disease Epidemiology Project. Final results of analyses using routinely collected mortality and hospitalization data are expected in 1985.

DENTAL DIVISION. The Department of Health continued operation of the Dental Program during the fiscal year ending March 31, 1985, by rendering treatment and preventive dental services to elementary-aged children and preschoolers. Children in dentally underserviced areas and those at high risk to dental decay represent the target population and were considered top priority recipients under the program.

Services provided by dentists consisted of oral examinations, diagnostic services, restorative treatment consisting of fillings, emergency services including dental extractions, consultation and referral and preventive services. Support for, and promotion of, fluoridation was extended to those communities requesting assistance and information.

Dental hygienists employed by the Department of Health provided preventive dental services aimed at preschool and elementary-aged children in underserviced, high-risk, non-fluoridated areas of Nova Scotia. These services include dental examinations (screening), prophylaxis (cleaning of teeth), fluoride applications, parent consultation and patient follow-up, and referral for dental care. Oral health promotion continued as the other major activity of dental hygienists, both at the individual patient level and at the community level. This part of the program is being emphasized by the department due to its impacts in maintaining improved levels of dental health among Nova Scotia children, and its complementary nature to the MSI Dental Program.

The Dental Incentive Program continued to provide financial assistance to locate dentists in underserviced communities in the province. Once again, the result of this program has been a better distribution of dentists geographically and greater accessibility to dental care by more Nova Scotians.

AMBULANCE SUBSIDY. The Ambulance Advisory Board was established by Order in Council in 1971 to assist the province in the administration of the financial assistance program to ambulance operators. The Board is appointed by and makes recommendations to the Minister of Health on all aspects of ambulance services in the province.

The Director of the Ambulance Subsidy Program reports to the Administrator of Community Health Services and is responsible for the day-to-day management of the Ambulance Subsidy Program.

The director is responsible for ensuring all residents of Nova Scotia have reasonable access to ambulance service, using safe vehicles and appropriately qualified personnel. The director is responsible for negotiating an agreement between the ambulance operators of Nova Scotia and the Province on a yearly basis and subsequently to administer the reimbursement of funds to approved ambulance operators. The Ambulance Subsidy Program provides funds to operate the Ambulance Attendants Training Program which is responsible for developing and maintaining the expertise of ambulance attendants.

During the fiscal year 1984-85 a total of 54,008 calls were carried out with total expenditures of $6,121,142.07. This represents a 9.7% increase in calls over fiscal 1983-84. There was a 13.2% increase in interhospital transfers during the same period.

PUBLIC HEALTH ENGINEERING DIVISION. The Division of Public Health Engineering provides health-related engineering services, both as required under the Health Act and as a service to other government departments, municipalities, planning bodies, professional consultants and the general public.

The division includes eight regional public health engineers and a specialist public health engineer who report to the Director of Public Health Engineering. Each region is assigned as near as possible on a workload basis and can cover part of or one or more Health Units. Regional Public Health Engineers perform duties as specialists in Public Health Engineering and under the general direction of the director, are responsible for advising, consulting, planning, inspecting and coordinating the technical plans, policies, procedures and programs at the Health Unit level. The engineering and inspection components are complementary to each other; a close liaison is maintained with the Chief Public Health Inspector.

Engineering plans, specifications, and reports of all water and sewage works, major subdivisions, school projects, milk pasteurization plants, campgrounds, trailer parks, swimming pools and construction and extensions to these projects are reviewed by the Public Health engineers prior to departmental approval being given.

The division is also responsible for the preparation and revision of regulations relating to any phase of environmental sanitation on a provincial basis, and for the review of municipal regulations made under the authority of the Health Act. Preparation of related inspection and report forms is also a function of the division.

Educational and instructional activities are a major portion of the work program of the division. Lectures are given to other health-related disciplines in all phases of environmental sanitation; papers are presented at professional conferences and meetings; and talks are given to community gatherings.

Division staff represent the department on interdepartmental committees related to regional planning, solid waste disposal, subdivisions, housing, well drilling, campgrounds and trailer parks, planning and development, and other matters which re-

quire input from the division. Federal/provincial committees on such subjects as water quality, environmental contaminants and liaison with federal officials, also require participation by division staff, as well as many local, municipal or regional bodies. Divisional staff also participate actively in appropriate professional organizations, including Canadian Public Health Association, Public Health Association of Nova Scotia, American Water Works Association and the Nova Scotia Association of Professional Engineers.

OCCUPATIONAL HEALTH DIVISION. Efforts continued during the year to emphasize awareness of potential hazards in the work environment with special stress placed on control and prevention. To achieve this, members of the division participated in educational training programs across the province and also provided consultation services in occupational health to industry, labour, other government departments and private individuals.

Increasing awareness of occupational health considerations has resulted in an increase in numbers of requests for on-site investigations and requests for information. Current projections indicate the need for this type of service will expand in the future.

The programs of this division can be grouped under the following general headings: Industrial Hygiene, Radiation Protection and Occupational Nurse Consultants work.

Industrial Hygiene Section. A large proportion of the section's activities consisted of inspections and requests for evaluation of specific health hazards associated with exposures to chemicals and to physical agents in the work environment.

A repeat distribution to municipalities of the code of practice on entry into sewers/manholes (1983) was carried out in 1984. Additional codes prepared in 1984 include:

(a) Tight Building Syndrome.

(b) Guidelines for Re-surfacing Operations in Indoor Ice Rinks.*

(c) Guidelines for Establishing Operating Procedures for Use of Isocyanate Containing Materials.*

(d) Assessment of Line Supplied Compressed Breathing Air Systems.

(e) Code of Practice for Health Hazards Control in Synthetic Solvent Type Dry Cleaning Establishments.

Codes marked with an asterisk (*) will be distributed to applicable companies and individuals during 1985.

Work was also started on a detailed code of practice for working with asbestos. Meanwhile short versions of this code concerning work with asbestos are in use.

The staff members researched and answered questions relating to occupational health from both workers and public, gave lectures on occupational health topics, processed applications for pesticide spraying and participated in meetings with federal and provincial counterparts.

Radiation Protection Section. The main effort of staff of this section continued to be directed towards radiation surveillance program for hospitals, dentists and others using x-ray equipment. The surveillance included evaluations of actual and potential exposures to x-rays of both workers and patients, and included participation in the National Evaluation of X-ray Trends program operated by Radiation Protection Bureau. In addition, checks of licenses under the Atomic Energy Control Board, checks of radioactive materials in transit, and other types of inspections were carried out. The section staff was also involved in giving lectures and in attendance at meetings with federal and provincial counterparts.

Occupational Health Nurse Consultant. The consultant through direct contact with occupational health nurses in the province and with safety personnel and physicians of various companies working in industry has helped to promote positive acceptance among a number of companies to development of new, or improvement of existing, occupational health services being provided by them. The nurse consultant has also promoted control and prevention of actual and potential health hazards at work through her lectures to and talks with occupational health nurses, community organizations and other interested groups. Her work has helped to publicize the work of the Occupational Health Division and has resulted in requests for evaluations of conditions at work from both management and unions.

PUBLIC HEALTH INSPECTION DIVISION. The Division of Public Health Inspection function is carried out through the seven health units in the province.

Inspectors are located strategically in 27 offices throughout the province, where they are able to provide service and consultation to Boards of Health, municipal bodies, other departments of government (both federal and provincial), and to the people

within the community. The Chief Public Health Inspector is responsible for technical competence of the inspection staff, program development and program monitoring as well as consultative services to the health units, other government departments and the general public. The Public Health Inspection Division works in close liaison with the Division of Public Health Engineering.

To ensure the duties of the Inspection Division include adequate preventive measures to protect the health of the community, the main duties of the division are grouped under a number of headings including monitoring of public and private water supplies; on-site and municipal sewage disposal; food service areas including eating establishments, foodshops, pasteurization plants, milk and milk products, bakeries; swimming pools; beaches; homes for special care; and tourist establishments.

The Health Inspection Staff continue to be very active in the field of public and food handler education. Foodhandler education courses were offered to eating and foodshop establishment operators as well as foodhandlers in hospitals, homes for special care and waitress training schools. In cooperation with the Division of Public Health Engineering, on-site sewage disposal installers courses as well as swimming pool operators courses were offered throughout the health units during 1984.

Surveillance of water supplies including chemical and bacteriological sampling of municipal supplies, schools, tourist establishments, trailer parks and swimming pools were major concerns as well as the provision of adequate on-site sewage disposal particularly in areas where soil conditions necessitated larger building lots and more expensive types of disposal systems.

HEALTH SUPPORT SERVICES

FINANCE

The first of the two accompanying schedules provides the expenditures for the fiscal year ended March 31, 1985 for the various health care services that are the responsibility of the Department of Health. A comparison is made of the costs for the year just ended with those of the previous 12-month period ended March 31, 1984. The Finance Division of the Department is concerned with the assembling and monitoring of the capital and operating budgets relating to these expenditures.

A staff administers the funding of the hospital insurance program including the psychiatric services. This program makes available both in-patient and out-patient services to every resident of Nova Scotia, both inside and outside the province. Accounting Counsellors provide information to assist the hospitals with the preparation of their annual operating budgets, and the interpretation of the subsequently approved budgets. The hospitals' records are reviewed to provide a basis for approving these budgets and for recommendations that are required for final settlements after the year-end.

Expenditures by the department for approved services and equipment in general hospitals totalled $508,200,382 in 1984-85, an increase of 9.9% over the previous period, including new and expanded programs.

Capital equipment purchases under Hospital Services increased by 85.3%, to $10,305,052. The increase reflects substantial price increases brought about by inflation and the increasing sophistication and technological advances of basic hospital equipment. Other factors include the equipping of new or renovated facilities at several hospitals, expansion of the use of computers and ultrasound services, and the purchase of equipment in 1984-85 which was approved in 1983-84.

The amount of $9,253,601 for construction grants is 53.6% over the 1983-84 level. During the fiscal year 1984-85 a number of major projects were started, including the new Glace Bay General Hospital, as well as major renovation projects at Colchester Hospital in Truro, Fishermen's Memorial Hospital in Lunenburg, and Soldiers' Memorial Hospital in Middleton. There was an increase in the spending over the previous year for the major renovation project at the Northside Harbour View Hospital in North Sydney.

The final group of expenditures on the schedule are the operating budgets for the programs and policies of the two areas of administration and community health. Included here are the costs of the seven regional health units, the public health nursing service, the public health inspection service, the nutrition service, the ambulance subsidy program, and the community health dental service. The promotion of health and the prevention of disease, along with the cost of administering the department, totalled $34,776,958 in 1984-85, an increase of 6.9% over the previous year. Generally this increase is accounted for by the effects of inflation on the cost of salaries and supplies.

Capital equipment for the operating section of the department amounted to $48,865 in 1984-85, representing an increase of 61.5%. This large increase was due to the purchase of a new computer for the Finance Division in February 1985.

Recoveries from other provinces for hospital services provided to residents insured under their insurance programs, along with recoveries from third parties (insurance companies) provide an offset to the operating costs.

The net cost to the province for the various health care services amounted to $536,053,716 for the fiscal year ended March 31, 1985. The major causes of the 10.5% rise from the level of the previous year were the impact of new and expanded services, the level of salary settlements, and the pressures of inflation on the other operating costs in the hospitals.

Revenue is received by the department from the sale of birth, death, and marriage certificates, and by the Victoria General Hospital for the room differential cost charged to patients of the hospital.

The Division of Finance continued to be responsible for the third party liability operations through which the department attempts to recover the amounts paid for hospital and medical services rendered as a result of the wrongful act of third parties. The second accompanying schedule provides a summary of the volume of claims received, processed, and remaining open during the year just ended, with a comparison of the volumes handled during the prior year. The dollars recovered towards the costs of hospital and medical services resulting from accidents for the year are also shown.

EXPENDITURES
FOR THE TWELVE-MONTH PERIODS
ENDED MARCH 31, 1985 AND MARCH 31, 1984

	March 31 1985	March 31 1984	% Inc. (Dec.)
Hospital Services			
General Hospital Services (1)	$459,816,877	$423,028,863	8.7
Psychiatric Services	38,078,453	33,774,007	12.7
Capital Equipment	10,305,052	5,560,331	85.3
	$508,200,382	$462,363,201	9.9
Hospital Construction			
Capital Debt Assistance	$ 4,332,498	$ 3,989,169	8.6
Construction Grants	9,253,601	6,024,594	53.6
	$ 13,586,099	$ 10,013,763	35.7
Health Administration & Programs			
Administration	$ 12,573,493	$ 12,077,908	4.1
Community Health	22,154,600	20,425,835	8.5
Capital Equipment	48,865	30,257	61.5
	$ 34,776,958	$ 32,534,000	6.9
TOTAL EXPENDITURES	$556,563,439	$504,910,964	10.2
Deduct			
Out-Of-Province Recoveries	$ 19,413,679	$ 18,786,305	3.3
Third Party Liability Claims	1,058,130	992,518	6.6
Federal Gov't Recoveries	37,914	34,835	8.8
	$ 20,509,723	$ 19,813,658	3.5
Net Expenditures	$536,053,716	$485,097,306	10.5
REVENUE			
Vital Statistics	$ 399,721	$ 395,133	1.2
V. G. Hospital	713,522	339,879	109.9
	$ 1,113,243	$ 735,012	51.5

(1) The federal government contributes to the cost of these services through federal-provincial cost sharing arrangements.

THIRD PARTY LIABILITY RECOVERIES FOR THE TWELVE-MONTH PERIODS ENDED MARCH 31, 1985 AND MARCH 31, 1984

	March 31 1985	March 31 1984
Files carried open as of April 1	2,284	2,392
New files opened during the year	2,288	2,343
Total files under examination and negotiation	4,572	4,735
Files closed during the year	2,192	2,451
Files remaining open as of March 31	2,380	2,284
Breakdown of Recoveries		
Hospital Costs	$930,698	$875,179
Medical Costs	132,745	117,339
TOTAL RECOVERIES	$1,063,443	$992,518

INFORMATION SYSTEMS AND RESEARCH

The Information Systems and Research Division provides two general types of services to the department: research and planning, and information processing. The research and planning activities include health manpower resource planning, health program evaluation, computer equipment and information system planning for both the department and the hospitals throughout the province, and health records consulting. Information processing includes processing of hospital and community health data, and preparation of statistical and computer reports.

The 1984-85 year saw continued growth in the demand for and use of computers both in the department and in institutions. The demand for information from computers to assist managers, planners, and researchers also increased significantly, placing considerable pressure on this division.

The highlights of the year follow:

HEALTH MANPOWER PLANNING. The health manpower section is responsible for the planning and monitoring of human resources, primarily in the areas of manpower utilization, productivity, supply, distribution and education, and the development of comprehensive provincial health manpower policies to correct any perceived resource imbalances.

As part of a continuing national project on physician manpower planning, Nova Scotia has been involved in the development of a federal-provincial strategy to ensure that Canada's growth in physician numbers is in line with projected future requirements. In addition, comprehensive reviews of the current and projected supply and demand for two major health disciplines, nursing and dentistry, were also initiated during the year. The studies will provide guidelines for determining the appropriate output from the respective provincial professional programs. A review of rehabilitation personnel requirements is slated for 1985.

The growth in the numbers of health professionals in Nova Scotia has remained strong over the year, as the examples in the following table set out.

Category	Number 1983	Number 1984	% Change
Physicians	1,475	1,502	1.8
Dentists	329	336	2.1
Certified Nursing Assistants	3,292	3,376	2.6
Registered Nurses	8,515	8,969	5.3
Psychologists	142	151	6.3
Physiotherapists	204	219	7.4

PROGRAM EVALUATION. In fiscal year 1984-85, the following projects were completed:

Time to Quit Program. This is a smoking cessation program developed by the Federal Government and implemented by a variety of provincial agencies including the Nova Scotia Department of Health. The program consisted of a self-help booklet and three television programs and was implemented in January, 1985. A method was developed to determine the impact of this program on the target group.

Dental Health Month. In April of each year, the Nova Scotia Department of Health promotes healthy oral hygiene practices to the elementary school children in the province by distributing materials to elementary school teachers and by educational visits by Department of Health dental hygienists. A questionnaire was developed to obtain feedback from the teachers on the dental health materials.

Electro Convulsive Therapy. A review of the use of ECT in general hospitals compared to its use in psychiatric hospitals was conducted and a report was prepared for the Psychiatric Mental Health Division.

Psychiatric Day Hospital Program. The questionnaires for this evaluation were pretested with the co-operation of Cornwallis House at Valley Health Services. As a result, the project was ready to be piloted beginning in April 1985.

Projects which were in the developmental stage at year-end include an evaluation of two programs at the Halifax Infirmary: the Gastrointestinal Unit and the Renal Stone Management Unit. In addition, work began on developing an evaluation of occupational therapy services throughout the province. Assistance was provided to Dr. Solomon Hirsch at the Victoria General Hospital to develop a research project on suicide.

Ongoing involvement was maintained with the Evaluation Infor-

mation and Research Committee of the Metropolitan Mental Health Planning Board. This year a working party on quality assurance in mental health was established and was well received by mental health personnel in the province.

DEPARTMENTAL SYSTEMS. Most of the systems development activity in the department in 1984-85 involved microcomputers. Computers were purchased and installed in the following divisions: Community Health and Finance.

Community Health. Three Health Units (Atlantic, Cape Breton, and Cobequid) are now using Texas Instruments Professional computers for data entry for nurses and inspectors reports. The balance of the provincial data for these two systems is keyed in the Systems and Research Division (as of year-end). A fourth computer was installed in the Community Health Division head office, primarily to run a nutrition assessment package, which replaced a mainframe system. This Texas Instruments computer will also be used heavily by the Provincial Epidemiologist.

Finance. A multi-user microcomputer, a ZILOG 8000, Model 12, was delivered late in the year to replace the MAI microcomputer. All existing programs and data were transferred to the new computer. The ZILOG will allow Finance to retain multiple years of data, do much faster processing and printing, and add new hospital financial management applications.

The most significant mainframe computer project was the conversion of the Admission/Separation file from a sequential tape file to an online database file. This will allow immediate access to the most recent two complete years data plus the current year, starting early in 1985-86. The other mainframe project was the continuation of the development and testing of a Day Surgery tape file with province-wide data.

A preliminary analysis of the feasibility of automating some or all of the Vital Statistics office functions was conducted with a report expected in 1985-86. Work was also started on the design of an online Population Demographics system to be used in conjunction with the online A/S System.

HEALTH CARE STATISTICS. The Health Care Statistics section processed the following forms during the year, with the data being entered into the computer at Department of Government Services, and maintained for regular and ad hoc reporting. The quantities shown include corrections/re-submissions.

Hospital Admission/Separation Forms	186,500
Psychiatric In-Patient Forms	5,300
Psychiatric Out-Patient Forms	128,300
Public Health Inspectors' Inspection and Activity Forms	77,000
Community Health Nursing Activity Forms	43,000

Over 400 requests for ad hoc information from the computer files were received and reports sent out in response. Over 2000 Admission/Separation reports were requested by hospitals for use in analyzing morbidity (disease incidence) and utilization of facilities.

The new Community Health Nurses system, implemented the previous year, was run successfully throughout the year. Reports generated proved to be useful and a strict adherence to schedule was maintained.

HEALTH RECORDS CONSULTING. The workload for the year 1984-85 consisted of both routine annual functions and certain new initiatives and special projects.

The ongoing functions include reviewing budget submissions and capital equipment requests, and assisting health institutions with facilities planning and staffing guidelines. The consultant visited 39 institutions in 1984-85 to review and audit all aspects of health record management. Over 50 requests for consulting assistance were answered during the year.

One special project was an extensive review of the services of the Medical Record Department at the Victoria General Hospital. Another was the second phase of the out-patient data collection project started in 1983-84, using sampled data from the hospitals in the Annapolis Valley area.

Automation projects continued to increase in hospitals in 1984-85. The consultant provided assistance with plans for computerization of central patient indices and registration functions as well as continuation of data collection for the Reproductive Care Program at the Grace Maternity Hospital.

HOSPITAL SYSTEMS. The Hospital Systems section advises the department on issues relating to hospital information systems and provides assistance to hospitals to develop information systems.

Regional Hospital Financial Systems. The Hospital Systems section manages software support contract programmers who install, maintain, and enhance the Regional Hospital Financial

System programs, which are used in institutions throughout the province. Major activities during the year were:

- the development of a Preventive Maintenance System for Aberdeen Hospital and a Menu Processing System for Valley Health Services Association
- installation of inventory at Yarmouth Regional and St. Martha's hospitals
- the transfer of the Grace Maternity Hospital financial programs from Camp Hill Hospital to its own computer
- installation of Accounts Payable and General Ledger at the Northside Harbour View Hospital.

Patient Administration System. The department purchased a province-wide license for the use of the Sphere Holdings Ltd. Patient Administration System. Hospitals that commenced implementing portions of the system this year include Valley Health Services and Aberdeen Hospital.

A project was initiated late in 1984-85 to evaluate other computer hardware for use with the Patient Administration and Financial Systems, in addition to the MAI Basic Four machine currently in use.

Community Hospital System. A version of the Regional Hospital Financial System was transferred to small multi-user computers (supermicros) employing the "UNIX" operating system. Queens General Hospital and All Saints' Hospital were approved as pilot sites and commenced installation late in 1984-85.

Victoria General Hospital. Development continued with the Hospital Medical Information System (HMIS). The Central Patient Index module was completed and 450,000 records were entered. The Ambulatory Care Registration and Scheduling modules were completed and installed in all out-patient clinics. The Admission, Discharge and Transfer module was developed and will be implemented in 1985-86.

Other. Valley Health Services Association was selected as one of ten pilot sites to implement the newly designed Management Information System Guidelines which are intended to replace the current CHAM guidelines. The pilot project is to be completed by December 1987.

VITAL STATISTICS

The function of this division is to carry out the administrative and clerical duties imposed by the Vital Statistics Act, the Solemnization of Marriage Act, and the Change of Name Act; to provide statistical data from records filed under these statutes as the need arises; and to assist the department with compilation of detailed mortality statistics. The data which follows are for the calendar year 1984 rather than for the fiscal year.

Adoption orders received from County Courts of this province for children born here or elsewhere, and from the Vital Statistics offices of other provinces, totalled 767; appropriate amendments were completed on the birth records. New birth registrations were created by 334 of the adopting parents so that detailed birth certificates that might be needed in the future would not disclose natural parentage.

Other notations to correct errors, parental and otherwise, totalled 1035, and new birth registrations were created for 262 children made legitimate by the marriage of their parents after the births had occurred. It should be noted that the number of illegitimate births continues to rise so that one child in every six is now born to an unmarried mother or to a married woman not living with her husband.

Questioning informants regarding missing or obviously incorrect information on current registrations required a total of 2335 letters outgoing from the office, with replies in 1313 instances. The total outgoing mail was 36,935 letters while letters received totalled 40,748. Incoming telephone requests and enquiries are about half of the mail requests and enquiries.

Legal changes of name made under the Change of Name Act totalled 375; duplicate certificates were issued in 84 of these instances. There were no cases where a legal change of name was desired and refused, and no person has had to apply to the Nova Scotia Legislature for a private bill to effect a name change.

Some 242 clergymen from all religions were newly registered under the Solemnization of Marriage Act to perform marriages in the province. The number whose names were removed from the register was 76. Some 1597 of the clergy are presently registered, approximately 1 for every 550 people.

Registrations of current events were filed as follows:

Births	12,414
Deaths	6,999
Stillbirths	83
Marriages	6,800

It is known that several births have occurred without records being filed, such as four children born to members of the North East Kingdom Community Church. However, 98% of events are believed to be registered. The figures of current events may differ slightly from the final vital statistics tables where figures given are by place of residence of the parents.

Delayed birth registrations were effected for only 628 people not recorded by the parents at the time of birth. These figures should decrease in succeeding years: in 1920 individual registration forms were introduced, and the people born in that year are the ones now applying for old age pension benefits.

Certificates issued from the records during the year are given below:

Type of Certificate	Total
All Certificates	44,572
(Birth) Short Form	67
(Birth) Long Form	1,952
(Birth) Wallet-size	35,157
(Death) Short Form	2,088
(Death) Long Form	301
(Marriage) Wallet-size	1,626
(Marriage) Short Form	57
(Marriage) Long Form	12
Photocopies	3,312

Searches of records for which a count was maintained totalled 44,861. Hundreds of searches made to verify information for other government departments, and others where authority exists to do this work without charge, are not counted.

Many chores of a housekeeping nature were undertaken; the principal one was the lamination of birth index cards for events from October 1, 1908 to December 31, 1926, so that such cards would be preserved from further deterioration.

Because tabulations of details from records of vital occurrences for the year 1984 cannot be completed until after this report is printed, specified causes of death and other detailed data cannot be included here. Such data will be available at a later date direct from the Deputy Registrar General, P.O. Box 157, Halifax, Nova Scotia, or from the Vital Statistics Section, Statistics Canada, Ottawa.

PERSONNEL

In 1984-85 the department added a net of two positions to the establishment with an estimated cost increase of $38,401.86 (see Tables 1 and 2). There were 51 approved vacancies in 1984-85 compared with 44 in 1983-84. Forty people were appointed on a short-term basis to replace staff absent for reasons such as maternity leave, etc.

The department, in cooperation with the Civil Service Commission, provided 92 employees with short course training in such areas as pre-retirement planning, supervisory techniques and development courses for secretarial staff.

As for the last several years, no positions were reclassified either upward or downward.

Absenteeism continues to be the major problem and cost. Some 6,528 days were lost in 1984-85 due to illness and 1,206 days lost as leave without pay. This is an increase of 9.5% over the previous year.

Twelve employees retired from the Department of Health during the year, with an average of 20½ years service per employee.

They were:

Dr. William Butt -- Director, Atlantic-Lunenburg/Queens Health Unit
Dr. Stuart Dunn -- Director, Northumberland Health Unit
Louise Hatfield -- CHN, Fundy Health Unit
Isobel MacDonald -- CHN, Cape Breton Health Unit
Mary Laurene MacDonald -- CHN, Northumberland Health Unit
Celia MacDougall -- CHN, Northumberland Health Unit
Donna MacGregor -- Secretary, Cape Breton Health Unit
Jean Nickerson -- Occupational Health Nursing Consultant
Charles Porter -- Director of Accounting
Ruby Smith -- Personnel Clerk, Central Office
Russel Smith -- PHI, Cobequid Health Unit
Fred Whitehouse -- PHI, Western Health Unit

TABLE 1
ESTABLISHED POSITIONS

	March 31/84	March 31/85
Field CHN's and CNA's	202	202
Inspectors	66	66
Engineers	10	9
Dentists	5	5
Dental Assistants	5	5
Dental Hygienists	24	26
Nutritionists	8	8
Clerical	154	154
Consultants, Technical and Administration	87	88
TOTAL	561	563

TABLE 2
ESTABLISHMENT CHANGES WITH ESTIMATED DOLLAR VALUE
April 1/84 - March 31/85

	POSITIONS		ESTIMATED COST	
	Added	Deleted	Added	Deleted
Medical Staff (MS)	0	0	0	0
Professional Management (MCP, OIC)	1	0	$48,760.00	0
Professional & Technical (PR) (TE)	1	3	$31,637.32	$101,781.16
Clerical (CL)	2	2	$35,241.70	$37,194.30
Nursing (HSN, HSA)	1	1	$30,210.18	$30,210.18
Inspection (TE)	0	0	0	0
Nutrition (PR)	0	0	0	0
Dental (TE, HSB) & Admin.	4	1	$83,511.22	$21,772.92
TOTAL	9	7	$229,360.42	$190,958.56
NET ADDED			$38,401.86	

TABLE 3
VACANCIES

	April 1, 1983 to March 31, 1984	April 1, 1984 to March 31, 1985
Consultants, Technical and Administration	5	5
Training Positions	1	3
Nursing	14	13
Engineering (Inspection)	8	2
Dental	3	11
Nutritionists	0	0
Clerical	13	17
TOTAL	44	51

TABLE 4
APPOINTMENTS AND SEPARATIONS

	APPOINTMENTS		SEPARATIONS	
	April 1/83 to March 31/84	April 1/84 to March 31/85	April 1/83 to March 31/84	April 1/84 to March 31/85
Deputy Minister's Office (including Personnel Division and HSIC)	1	0	2	1
Health Care Institutions	3	1	2	1
Finance Division	2	2	1	4
Information Systems and Research	3	1	1	0
Psychiatric Services	1	0	1	0
Community Health - Administration (Central Office and Health Units)	8	5	6	7
Nursing Services	13	7	8	10
Engineering Division (Engineers and Inspectors) & Occupational Health Division	4	5	5	2
Dental Division	3	1	2	7
Nutrition Services	0	0	0	2
Vital Statistics	5	3	3	2
TOTALS	43	25	31	36

LEGAL COUNSEL

A member of the Department of the Attorney General has been assigned to and physically located in the Department of Health since October 1978. Responsibilities of Legal Counsel include direct responsibility to the Minister and Deputy Minister of Health on all matters in the health field. Advice to the department is given in the main through senior staff officials on administrative, policy and legal matters in the areas of community and environmental health, health manpower (including regulation of health disciplines), hospital operation and the Hospital Insurance Plan.

Legal Counsel deals on a regular basis with hospitals throughout Nova Scotia, especially in situations involving a hospital and the Department of Health. Considerable time is spent in the interpretation and application of statutes and regulations in the health care field, the review of hospital by-laws, the drafting of legislation, in-service legal education, and preparation of contracts and other documentation for consideration by the Executive Council, Policy and Management boards.

The Legal Counsel also acts as legal adviser to the Nova Scotia Commission on Drug Dependency, the Division of Vital Statistics, and the Victoria General Hospital.